

INDIANA DEPARTMENT OF COMMERCE
NEIGHBORHOOD ASSISTANCE PROGRAM
QUARTERLY REPORT

NAP Project Name: _____

NAP Program Number: _____

Organization: _____

Mailing Address: _____

_____ Phone #	_____ Signature of Board President	_____ Date
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SECTION I **Utilization of Tax Credits**

a. Total Generated Revenue for the Quarter \$ _____

b. Total Tax Credits Used for the Quarter \$ _____

SECTION II **Contributor NC-10/20 Forms**

a. Enclose the quarter's Contributor NC-10/20 Forms and corresponding copies of checks, property appraisals or statements of value for each Form.

b. Complete "Attachment A" noting each contributor's:

- name,
- date of contribution,
- amount of contribution,
- tax credits awarded

SECTION III **Project Progress Report**

Please refer to your original proposal and in a briefly written narrative form, answer the following relative to the proposal submitted and funded:

a. Describe your organization's activities to date:

b. Describe activities you have planned for the next quarter:

c. What was not achieved this quarter and why?

d. How have the activities of this quarter responded to the proposed outcomes of the NAP project?

SECTION IV **Projected Contributions Timetable**

Briefly answer or discuss the following:

a. Was the generated revenue you anticipated adequately projected? If not, explain why.

b. Do you anticipate successful generation of revenue sufficient to complete the proposed project? If not, explain why.
